Housing Authority of the City of Perth Amboy Family Self-Sufficiency Application

Participant's Name				Social Security Number						
Street Address Cit					State Zip Code					
Home Phone Number				Alt	Alternate Number □Ceil □Work					
E-mail				Be	st days/	times to call				
How did you hear abou	t the FSS	progra	m?							
□Newsletter □]Friend/F	amily			Other					
Family Members Name	Age	Sex	Relation	nship	to head	In School	Employed			
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2										
Been Meddelkreen	168					ele de Compage	eniks			
Are you currently working	ng with otl	her com	nmunity	Yes	No		(4)			
programs or agencies? Do you have immediate	needs?	-11								
✓ Food				Yes	No					
✓ Heating/Utilities.				Yes	No					
✓ Transportation		• 308/305/505/605	*******	Yes	No					
✓ Medical/Dental				Yes	No					
✓ Childcare ✓ Other				Yes Yes	No No					
Please check any benef						old is receiving	?			
☐ TANF	triat you					rs Comp	,			
☐ Medicaid						loyment Insura	ance			
☐ General Assistance	<u></u>				Child S					
☐ Food Stamps					Social	Security				

Highest education level completed:	HS/GED	College	Training	Other
Are you currently enrolled in:		College	Training	None
Please indicate school, if attending:				R
Program of study:				

Have you ever completed a career assessment?	Yes	omments No
If yes, what are your career choices?		
Do you own a working computer?	Yes	No
Do you have access to the internet?	Yes	No
What skills do you feel you need in order to become employed/promoted?		
Please indicate any trainings/workshops you would be interested in attending?		
Check all that apply. ☐ I use a search engine like Yahoo or Google ☐ I check and send email ☐ I have taken a course online ☐ I write letters or other documents using my compu ☐ I have paid a bill or checked my bank account onli		-

impleyment.				Comu	nante
Are you employed:	Full Time	Part time	Self-empl	oyed	Not Employed
Current Employer:					
Start date with current e	mployer:				
Does a family member lability to work?	nave a special n	eed that interfere	es with your	Yes	No
If you are not employed	are you able to	work now?		Yes	No
If no, when do you expe	ct you would be	e able to work?			
If you are working, wha	t kind of job do	you have?			
What benefits does curre	ent employer pr	ovide?		Health Other	Retirement
Are you looking for a di	fferent job?			Yes	No
Do you hold any certific (i.e. CNA, CHHA, CDL		ialized field?			
Is there room for advance	ement in curren	ıt job?		Yes	No
Do you need assistance	with job search,	job placement of	or resume?	Y-es	No
Do you have a criminal	history that has	affected your en	nployment?	Yes	No
Do you have a current re	esume?		***************************************	Yes	No

. Pinanciat/Create		v Partyery	Comments
Do you have a checking account?	Yes	No	
Do you have a savings account?	Yes	No	
Have you ever completed a budget?	Yes	No	
Do you have any credit cards?	Yes	No	How Many?
Have you requested your credit report?	Yes	No	Date:
Do you know your current credit score?	Yes	No	Score:
Have you ever received services from a credit counseling agency?	Yes	No	
Is Home ownership one of your goals?	Yes	No	
Have you ever filed for bankruptcy?	Yes	No	Date:
Would you be interested in attending any of the following classes?	Yes	No	☐ Money Management ☐ Understanding Credit

Support System	िल्ला	mants
Do you have at least one person who believes in you?	Yes	No
Who do you go to when you are having problems?		
What type of assistance do they provide?		
(Emotional, financial, emergency daycare)		
Do you have relatives, close friends, or neighbors	Yes	No
that help you?		
Do you belong to any groups, clubs, and/ or church?	Yes	No
Do your children participate in school activities,	Yes	No
clubs or programs?		
Would you be interested in joining a support group?	Yes	No
Would you be interested in attending any of the	Parenting skills	Depression
following classes/workshops?	Anger Management	Alcohol/Drug
	Family Counseling	Stress Mngmt.
	Other	

Tenspoistion	96 28 4 2 5 B	
Do you have a valid driver's license?	Yes	No
Do you have a working vehicle?	Yes	No
Do you have auto insurance?	Yes	No
Do you currently have the funds to purchase a vehicle?	Yes	No
Do you feel you have reliable & affordable transportation	Yes	No
available when you need it?		
Do you know how to access public transportation?	Yes	No
Is transportation preventing you from attending training or	Yes	No
employment?	1	
If you currently do not have a driver's license, would you be	Yes	No
interested in Driver's Ed Preparation Program?		

GOALS

1.	What changes would you like to see in your life 6 months from now? (short term)
	and the second s
2.	What changes would you like to see in your life a year from now? (mid range)
3.	What changes would you like to see in your life 5 years from now? (long term)
4.	What strengths, skills or characteristics do you have that will help you reach your goals?

AREAS OF NEED

(Check all that apply)

) Transportation		
(() Driver's License: Obtain) Auto Insurance) Reliable transportation Public	Reinstate Purchase own	vehicle
_) Support Systems		
(((((((((((((((((((() Counseling:		
(_) Education		
(((((((((((((((((((() GED/HS Diploma) ESL) Literacy) Vocational/Skilled training) College) Other:	* \$	2)
) Career		
) Interest/Skills assessment) Resume/Cover letter) Interview techniques) Job readiness) Volunteer/Job Shadowing) Employment search) Starting or owning a business 		
(_) Financial		
((((((((((((((((((((Obtaining Credit reports/scores Budgeting and money management skills Credit counseling Debt consolidation Home ownership counseling/readiness 		

Revised 10/05/07 Saved as: Revised FSS Application

INDIVIDUAL TRAINING AND SERVICES PLAN (ITSP)

FINAL GOAL: To become self-sufficient upon completion of established goals

INTERIM GOALS:

1. Seek and maintain suitable full time e	mployment
2.	
3.	
4.	
1.	
Would any other member in your household of interested in participating in the FSS program	
If yes, Name:	Relationship:
INTERIM GOALS:	
1.	
2.	
3.	
4.	
I hereby certify that the information given in t best of my knowledge.	his application is true and correct to the
I also certify that the FSS program has been ex of The Certification of Understanding of the F	
Head of Household Signature	Date

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CERTIFICATION OF UNDERSTANDING OF THE FSS PROGRAM

I, the undersigned, certify that the information contained herein, has been explained in detail to me by a representative of the Family Self Sufficiency (FSS) program. I understand that the FSS program is an optional component of the Housing Authority of Perth Amboy. I further understand that if I am no longer interested in the FSS program, I may, with written notification, withdraw at any time, without loosing my Section 8 assistance/Public Housing.

I also certify that:

- > During the term of the contract the Housing Authority (HA) will try to provide the resources and services needed; however, the HA has no liability to the family if the resources and services are not provided.
- > When the family experiences an increase in rent because of an increase in earned income, the HA will establish an escrow account for the family. The HA will give the family a report on the amount of the FSS escrow at least once a year.
- > The HA may permit the family to withdraw funds from the FSS escrow account, if the family needs some of the funds to complete the contract goals.
- > The family will not receive the funds in its escrow account if:
 - 1. Contract of participation is terminated
 - 2. The family has not met its responsibilities within the times specified in the contract
 - 3. The family is terminated from S8/Public Housing assistance for program violations
- > The head of household must seek and maintain suitable employment after completion of the job training programs.
- > The family must provide the HA with information regarding family's participation in activities such as employment, training, and other FSS services and activities. The family should contact their FSS Case Manager on a regular basis for available services.
- > If receiving welfare assistance, family must become independent of cash assistance and remain independent for at least 12 consecutive months before the contract expires.
- > Completion of the FSS program occurs when the family has fulfilled all of its responsibilities under the contract; or

30% of the family's monthly adjusted income equals or is greater than the Fair Market Rent amount for the unit size which the family qualifies.

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(Print Name)	(Date)
(Signature)	

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

war and EarnWO for instructions and the latest information

Give Form to the requester. Do not send to the IRS.

	Revenue Service Go to www.irs.gov/Formw9 for ins			iauon.					
	1 Name (as shown on your income tax return). Name is required on this line; d	to not leave this line blank.							
	2 Business name/disregarded entity name, if different from above								
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/esta single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ ☐ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not che LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC					Exemption from FATCA reporting			
_ #	is disregarded from the owner should check the appropriate box for the	tax classification of its own	ier.		(Applies	to accounts :	maintained	outside	the U.S.)
bed	Other (see instructions) ► 5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	er's name					
9 9	o Address (number, street, and upt or same not, oce measurement					*11.4-7.	K-12/02/98/11		
ŏ,	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)								
	your TIN in the appropriate box. The TIN provided must match the nat	me given on line 1 to av	/oid	Social se	curity n	umber			
backu reside entities	p withholding. For individuals, this is generally your social security nunt alien, sole proprietor, or disregarded entity, see the instructions for s, it is your employer identification number (EIN). If you do not have a	mber (SSN). However, to Part I, later. For other	for a et a]-[-		
TIN, la		4 - 61 14/5 - 4 6/		Employe	identif	cation n	umber		
Note:	If the account is in more than one name, see the instructions for line are To Give the Requester for guidelines on whose number to enter.	1. Also see What Name	Also see What Name and Employer identification number			T	=		
IVUITIO	of to dive the hogostarior galdelines on whose hames to small				-				
Part	Certification								_
	penalties of perjury, I certify that:								
1. The 2. I am Sen	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from bayice (IRS) that I am subject to backup withholding as a result of a failuonger subject to backup withholding; and	ackup withholdina, or (b) I have n	ot been r	notified	by the I	Internal	Reve	enue at I am
	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exem								
you ha acquis other t	cation instructions. You must cross out item 2 above if you have been rough failed to report all interest and dividends on your tax return. For real exition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	state transactions, item : tions to an individual reti	2 does not rement arr	t apply. F rangemer	or morte it (IRA),	gage into and gen	erest pa ierally, j	aid, payme	ents
Sign Here	Signature of U.S. person ▶		Date ►						
Ger	neral Instructions	• Form 1099-DIV (d funds)	ividends,	including	those	from sto	ocks or	mutu	ıal
Section noted.	n references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC proceeds)	(various t	ypes of i	ncome,	prizes,	awards	s, or g	ross
related	e developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted ney were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) 							
		Form 1099-S (proceeds from real estate transactions)						, ma\	
	oose of Form	• Form 1099-K (me			•				
	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer	 Form 1098 (home 1098-T (tuition) 	топдаде	e milerest), IU98	-⊏ (stud	our iog	н ние	1031),
identif	ication number (TIN) which may be your social security number	• Form 1099-C (car	nceled del	bt)					
	individual taxpayer identification number (ITIN), adoption ver identification number (ATIN), or employer identification number	• Form 1099-A (acq	uisition or	abandor	nment c	f secure	d prop	erty)	
(EIN), 1	to report on an information return the amount paid to you, or other treportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.							

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

later.

amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)